Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN:	018 - 15359 - 2823 - 151
Date:	10/24/18
Time:	1912 Hours
Location:	809 East Rosecrans Avenue, Compton
City or Station:	Compton
Bureau/Station/Facility:	Central Patrol Division / Compton Station
Admin. Investigation:	○ YES ◉ NO
Type of Force:	Personal Weapons (Hand/Arm/Other) / Control Holds (Control Techniques) / Restraint Device
Incident Category:	○ 1 ○ 2 ◉ 3
Deputy Injury:	◉ YES ○ NO
Suspect Injury	◉ YES ○ NO
☐ Call ☒ Observation ☐ Detail	☒ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified:	◉ YES ○ NO
Person Notified:	Sergeant Barron
Emp:	[redacted]
IAB Roll Out	◉ YES ○ NO

Involved Employee

E1

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	Cuevas	Edgar	S.	DSG

Sex	Race	Height	Weight	Age	Shift	
◉ M ○ F	H	510	200	[redacted]	○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty

Unit of Assignment:	Compton Station
Work Assignment (Unit #, Module, etc.):	284D
Individual Force Used:	Personal Weapons/Control Holds/Restraint Device
	○ Directed ○ Rescue ○ Medical Assist
Individual Category	○ 1 ◉ 2 ○ 3
☐ Injured ☐ Treated ☐ Admitted	Facility: N/A
Coroner Case #	N/A

E2

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	[redacted]	[redacted]	-	DSG

Sex	Race	Height	Weight	Age	Shift	
◉ M ○ F	H	509	183	[redacted]	○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty

Unit of Assignment:	Compton Station
Work Assignment (Unit #, Module, etc.):	284D
Individual Force Used:	Personal Weapons/Control Holds
	○ Directed ○ Rescue ○ Medical Assist
Individual Category	○ 1 ◉ 2 ○ 3
☐ Injured ☐ Treated ☐ Admitted	Facility: N/A
Coroner Case #	N/A

E3

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	Garcia	Miguel	A	B-1

Sex	Race	Height	Weight	Age	Shift	
◉ M ○ F	H	511	192	[redacted]	○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty

Unit of Assignment:	Compton Station
Work Assignment (Unit #, Module, etc.):	285D
Individual Force Used:	Personal Weapons/Control Holds
	○ Directed ○ Rescue ○ Medical Assist
Individual Category	○ 1 ◉ 2 ○ 3
☒ Injured ☐ Treated ☐ Admitted	Facility: N/A
Coroner Case #	N/A

On Duty Supervisor ☐ Additional Involved Employees

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	[redacted]	[redacted]	[redacted]	SGT	YES ○ NO ◉	YES ○ NO ◉

Supervisor Completing Investigation

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Johnson	Steven	M.	SGT	YES ○ NO ◉	YES ○ NO ◉

Watch Commander / Supervising Lieutenant

Emp #	Last Name	First Name	Middle I.	Rank
[redacted]	Jones	Robert	L.	LT

Lt. R. Jones [signature]

Watch Commander / Supervising Lieutenant's **Signature:** ______ Date ______ Copy Provided to Employee by: ______ Emp #: [redacted]

Unit Commander **(Print Name)** ______ Unit Commander's **Signature**: ______ Emp #: ______ Date ______

DISCOVERY Use Only
FO#
2407041

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation

0 1 8 - 1 5 3 5 9 - 2 8 2 3 - 1 5 1

Involved Employee

E 4

[redacted]	Last Name [redacted]	First Name [redacted]	M[redacted].	Rank DSG
Sex: ◉ M ○ F	Race: H	Height: 509	Weight: 175	Age: [redacted]
Shift: ○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 285D			
Individual Force Used: Control Holds	○ Directed ○ Rescue ○ Medical Assist	Individual Category ◉ 1 ○ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility: N/A	Coroner Case # N/A		

E 5

[redacted]	Last Name [redacted]	First Name [redacted]	M[redacted].	Rank DSG
Sex: ◉ M ○ F	Race: H	Height: 511	Weight: 185	Age: [redacted]
Shift: ○ EM ◉ Day ○ PM	◉ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 285			
Individual Force Used: Control Holds/Restraint Device: Hobble (Legs Only)	○ Directed ○ Rescue ○ Medical Assist	Individual Category ◉ 1 ○ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility: N/A	Coroner Case # N/A		

E 6

[redacted]	Last Name [redacted]	First Name [redacted]	M[redacted].	Rank DSG
Sex: ○ M ◉ F	Race: B	Height: 506	Weight: 145	Age: [redacted]
Shift: ○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 283T1			
Individual Force Used: Control Holds	○ Directed ○ Rescue ○ Medical Assist	Individual Category ◉ 1 ○ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility: N/A	Coroner Case # N/A		

E_

Employee #	Last Name	First Name	Middle I.	Rank
Sex: ○ M ○ F	Race:	Height:	Weight:	Age:
Shift: ○ EM ○ Day ○ PM	○ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment:	Work Assignment (Unit #, Module, etc.):			
Individual Force Used:	○ Directed ○ Rescue ○ Medical Assist	Individual Category ○ 1 ○ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #		

E_

Employee #	Last Name	First Name	Middle I.	Rank
Sex: ○ M ○ F	Race:	Height:	Weight:	Age:
Shift: ○ EM ○ Day ○ PM	○ Regular Shift ○ OT Shift ○ Off Duty			
Unit of Assignment:	Work Assignment (Unit #, Module, etc.):			
Individual Force Used:	○ Directed ○ Rescue ○ Medical Assist	Individual Category ○ 1 ○ 2 ○ 3		
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #		

Supervisor's Report on Use of Force
SUSPECT INFORMATION

018 - 15359 - 2823 - 151

Suspect Information

S 1

Last Name: Magdaleno	First Name: Angel	Middle Name: Sebastian	Armed? Select: Firearm (Handgun)
AKA Last Name: Rodriguez	First Name: Angel	Middle Name: Sebastian	

Sex	Race	Age	Height	Weight	D.O.B	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
◉ Male ○ Female	H	23	509	150	10/06/95	[redacted]	

Street Address: [redacted] City: [redacted] State & Zip Code: [redacted]

Booking #: 5456447 Primary Charge Code: 29800(a)1 PC Secondary Charge Code: 3455(b)1 PC [redacted] Criminal History

Treated on Scene? ○ YES ◉ NO Name: Captain Hendersen Unit: Engine 421 Phone #: (310) 632-1634

Hospital Admission? ☐ Rec'd Treatment At: Lakewood Regional Coroner Case #: N/A Mental History ☐ User's guide provides direction on this entry

By: Dr. Reynolds/Dr. Perlman Address: 3700 E South St, Lakewood, CA 90712 Phone #: (562) 531-2550

Under Influence: ◉ YES ○ NO Substance: Marijuana 5150 a factor in force? ○ YES ◉ NO User's guide provides direction on this entry

Date: 10/25/18 Time: 0250 ☐ Audiotape: ☒ Videotape: ☒ Photos of Injuries: ☒ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name:	First Name:	Middle Name:	Armed? Select:
AKA Last Name:	First Name:	Middle Name:	

Sex	Race	Age	Height	D.O.B.	Weight	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
○ Male ○ Female							

Street Address: City: State & Zip Code:

Booking #: Primary Charge Code: Secondary Charge Code: ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Address: Phone #:

Under Influence: ○ YES ○ NO Substance: 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: Time: ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name:	First Name:	Middle Name:	Armed? Select:
AKA Last Name:	First Name:	Middle Name:	

Sex	Race	Age	Height	D.O.B.	Weight	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
○ Male ○ Female							

Street Address: City: State & Zip Code:

Booking #: Primary Charge Code: Secondary Charge Code: ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Address: Phone #:

Under Influence: ○ YES ○ NO Substance: 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: Time: ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 8 - 1 5 3 5 9 - 2 8 2 3 - 1 5 1

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Benzor	Rogelio	J.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Compton Station	287D1	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Compton Station	280S	[redacted] EM [redacted] Day [redacted] PM	[redacted] Regular [redacted] OT [redacted] Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
		○ EM ○ Day PM	○ Regular ○ OT ○ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☐ **Additional Witness**

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Magdaleno	S#1	Cuevas	E#1	HR	NN	HD
Cuevas	E#1	Magdaleno	S#1	PH	BR	FA
[redacted]	E#2	Magdaleno	S#1	PO	NN	AD
Magdaleno	S#1	Cuevas	E#1	RS	NN	AR
Garcia	E#3	Magadaleno	S#1	CT	NN	AR
[redacted]	E#4	Magdaleno	S#1	CT	NN	AR
Magdaleno	S#1	Garcia	E#3	RS	NN	SH
Garcia	E#3	Magdaleno	S#1	PH	BR	FA
Magdaleno	S#1	Garcia	E#3	RS	NN	AR
Garcia	E#3	Magdaleno	S#1	PH	BR	HE
Magdaleno	S#1	[redacted]	S#5	PK	NN	LE
[redacted]	E#5	Magdaleno	S#1	CT	NN	LE
	E#6	Magdaleno	S#1	CT	NN	LE
Cuevas	E#1	Magdaleno	S#1	RH	NN	WR
[redacted]	E#5	Magdaleno	S#1	HB	NN	LE